

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038829

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 1 1962

1. PLACE OF DEATH.

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in 1b
I dayc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Lukes HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas b. COUNTY Miami

c. CITY
OR
TOWN Paola RR # IInside Limits
Yes ☐ No ☒d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
James H. Lucas4. DATE
OF
DEATH Month Day Year
October 19, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-28-1928

9. AGE (last birthday)

34

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

self employed

10b. KIND OF BUSINESS OR INDUSTRY

Carpenter

11. BIRTHPLACE (City and state or country)

Holliday, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

D.R. Lucas

13b. MOTHER'S MAIDEN NAME

May C. Mayes

14. NAME OF HUSBAND OR WIFE

Virginia Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

2 Mrs. Virginia Lucas, Paola, Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured Skull

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car & Truck Collision

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m. 10-18-6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm-factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN OR LOCATION

Paola Miami Florida

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. NAME OF CEMETERY OR CREMATORY

Chapel Hill Memorial

K.C. Kansas

24. FUNERAL DIRECTOR

Simmons K.C. Ks.

25. DATE RECD. BY LOCAL REG.

10-20-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

H. OWENS MEDICAL CERTIFICATION

FEB 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Donank James

Licensed Embalmer No. 4828

P. O. Address Kc Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.